

## HAWAII STATE ETHICS COMMISSION

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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(Type C	of Fillit Oleany)		
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
RADCLIFFE	JOHN	н.	808/531-4551	
MAILING ADDRESS (Street)	FAX			
222 SOUTH VINEYARD STREET	808/533-4601			
(City)	(State)	(Zip	(Zip Code)	
HONOLULU	HAWAII	96813-	96813-2453	
EMPLOYING ORGANIZATION (Fill	TELEPHONE			
CAPITOL CONSULTANTS OF HA	808/531-4551			
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MAILING ADDRESS (Street)	FAX			
222 SOUTH VINEYARD STREET	808/533-4601			
(City)	(State)	(Zip	Code)	
HONOLULU	HAWAII	9681	96813-2453	
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PART II ORGANIZATION					
NAME OF ORGANIZATION YOU L	TELEPHONE 531-7408				
HAWAII SUPERFERRY					
MAIL INC ADDRESS (Stroot)	FAX 531-7410				
MAILING ADDRESS (Street)	770(33.7713				
ONE WATERFRONT PLAZA, SUITE 300, 500 ALA MOANA BOULEVARD					
	(0)	(Zin Cada)			
(City)	(State)	(Zip Code)			
HONOLULU	HI	96813			
NAME OF PERSON RESPONSIBLE F	TELEPHONE 808-531-4551				
MELODY BUTAY DACANAY					
MAII INC ADDRESS (Stroot)	FAX 808-533-4601				
MAILING ADDRESS (Street)		1,700 000 000 1001			
222 SOUTH VINEYARD STREET,	SUITE 401				
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(City)		(State)		(Zip Code)		
HONOLULU		Н	н		96813-2453	
PAR	T III DESCRIPTION	OF SUBJECTS UPON WHIC	H YOU	J EXPECT TO LOBBY		
[ ]	Agriculture	[ ] Education	[]	Human Services	[ ] Science, Technology &	
[ ]	Communications & Public Utilities	[X] Government Operations & Finance	[X]	Intergovernmental Relations,	Economic Development  [X] Tourism & Recreation	
[X]	Consumer Protection & Commerce	[ ] Hawaiian Affairs	[]	International Affairs  Labor & Employment	[X] Transportation	
[]	Culture, Arts, Historic Preservation	[ ] Health	[X]	Planning, Land & Water Use Management	[ ] Other: (indicate below)	
[ ]	Ecology, Energy Environmental Protection	[] Housing	[]	Public Safety & Corrections		
PAR	T IV CERTIFICATIO	N OF LOBBYIST	·			
	I hereby certify that the	e information furnished above	is, to t	he best of my knowledge	e, correct and complete.	
		(Signature of Lobbyist)	7		(Date)	
PAR		ON TO LOBBY				
NAME	<del>-</del>		TIT	LE OF AUTHORIZING OFFIC	CER OR PERSON REPRESENTED	
	JOHN GARIBALDI PRESIDENT &					
NAME OF ORGANIZATION (if applicable)				1	FELEPHONE 531-7408	
HAW	AII SUPERFERRY					
MAILI	NG ADDRESS (Street)			F	FAX 531-7410	
ONE '	WATERFRONT PLAZA, SUI	ITE 300, 500 ALA MOANA BOULEV	ARD			
	(City)	(State)		(Zip Co	de)	
	HONOLULU	н		96813		
	I hereby authorize the	above - named person to eng	age in	lobbying activities on be	n 1 -	
	AM.	W Tarble			12/29/06	

(Signature of Authorizing Officer or Person Represented)

(Date)